

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 09/980487 | FILING DATE |
|--|-----------|------|------------------------------------|------|------------------------------------|--------------------------------|-------------|
| | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | |
| | AS FILED. | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL DEP. | 8 | | | | | | |
| TOTAL CLAIMS | 13 | | | | | | |

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| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |